

WELCOME

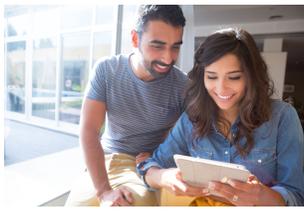


State of Wisconsin

EMPLOYEE REIMBURSEMENT ACCOUNTS

HEALTH CARE FSA | LIMITED PURPOSE FSA | DEPENDENT DAY CARE FSA





WELCOME

Congratulations on your Employee Reimbursement Account!

By choosing to set aside funds in an Employee Reimbursement Account (ERA) for use on eligible medical or dependent care expenses, you reduce the amount of taxes you pay. Before federal, state, or Social Security taxes are deducted from your paycheck, money is taken out and placed in your ERA. It's a tax break that's simple to use!

Overview

This brochure provides an overview of how your ERA works, including accessing your account online, contributing and using your funds, maximizing contributions, and utilizing online tools within your TASC Online account.

What's Next

- After enrolling in an ERA, you will receive a welcome email with login instructions for your TASC Online account.
- New enrollees will receive their TASC Benefits Card and Cardholder Agreement within 7 – 10 days.
 - **Note:** Re-enrollees will continue to use their current TASC Benefits Card

TASC Benefits Mobile App

- The TASC Benefits mobile app lets you access your account information wherever you are – 24/7!
- To download, visit the Apple App Store or Google Play and search **eflex Benefits**.
 - File claims using your mobile device's camera. Simply take a picture of your receipt and upload.
 - Keep track of changes to your account balance.
 - View your plan end date and run-out period.
 - View claims status and claims history.
 - Enjoy totally secure access.

Advantages for Today and Tomorrow

- **Eligible expense savings.** A ERA allows you to save for anticipated medical and/or dependent day care expenses throughout the year.
- **You save on taxes.** The contributions you make to an ERA are deducted from your paycheck before your federal, state, or social security taxes are calculated and are not reported to the IRS.
- **Increased take-home pay.** Your contributions to an ERA allows you save on taxes which increases your paycheck amount.

We look forward to meeting your ERA needs!

TASC Customer Care

Phone	844-786-3947 or 608-316-2408 Monday – Friday, 8:00 a.m. to 5:00 p.m.
Online	https://partners.tasconline.com/ETFEmployee
Email	1customercare@tasconline.com
Mail	P.O. Box 7511 Madison, WI 53707
Fax	877-231-1287



MANAGING YOUR ACCOUNT



The greater control and tax benefits provided by your ERA come with additional responsibility to track, manage, and monitor your health care and/or dependent day care expenses. Taking these few important steps can help you make the most of your ERA, today and for years to come.

Key Dates

- **Benefit Period** – January 1 to December 31.
- **Expense Deadline** – You must incur all eligible expenses by December 31. The expense deadline is the last day of the plan year.
- **Claims Deadline** – The claims deadline, or run-out period, is the last day reimbursement requests may be submitted for reimbursement. The run-out period ends 90 days after the final day of the plan year, therefore you must submit all reimbursement requests by March 31.
- **Note:** Health Care and Limited Purpose Flexible Spending Accounts are subject to additional substantiation requirements and possible recovery efforts during the run-out period.

Helpful Hints

- **Re-Enrollment** – You **must** re-enroll each year to continue participation. Elections do **not** carry forward from year to year.
- **Requests for Reimbursement** – File requests for reimbursement in a timely manner.
 - Do not resubmit a request.
 - If you have not received an expected reimbursement, please check your TASC Online account.
- **Carryover** – Be mindful of the various carryover limitations of your specific ERA account(s).

Online Account Management

Managing your ERA is easy with your TASC Online account.

- Monitor account balances and transactions.
- Change payment methods and bank accounts.
- View statements and notifications.
- Access important plan documents and forms.
- Update your profile information.

TASC Mobile App Login

Visit the Apple App Store or Google Play and search for **eflex Benefits** to download the app. To login:

- Enter your TASC Online username and password.
- When prompted, create a 4-digit PIN.
- Your 4-digit PIN will be all you need to login to the TASC Mobile App moving forward.

Your Responsibilities

- Regularly review your TASC Online account.
- Keep all your receipts and pertinent documentation, including fax confirmation sheets, in order to verify that your ERA funds were used on eligible expenses.
- Update your contact information as necessary.
- Adhere to the plan rules for expense reimbursements:
 - Only use ERA funds for eligible expenses.
 - Only use ERA funds for an eligible plan participant or dependent (as permitted by plan).
 - Only submit claims for expenses incurred during the plan year.
 - Do not submit ERA expenses under any other benefit plan or submit claims as part of an income tax deduction.

Tax Information

- There are no reporting requirements for ERAs on your income tax return.
- Amounts contributed to an ERA are not subject to federal income tax, Social Security tax, or Medicare tax, allowing your medical or dependent care expense to be paid with pre-tax rather than after-tax income.
- The more you contribute to your ERA accounts, the more you reduce your taxable gross salary. When you pay less in taxes, your take-home pay increases.

REIMBURSEMENTS



To make the most of your ERA(s), you need to know which expenses are eligible for payment or reimbursement from your ERA(s) and how to access your funds.

Paying for Qualified Expenses

Conveniently pay for eligible ERA expenses using one of the following methods:

- **TASC Card**
 - As a feature of your ERA, you will be issued a TASC Card. The TASC Card looks like a typical debit card, but it is used to pay for eligible medical and/or dependent day care expenses with a simple swipe at the service provider.
 - When you use your TASC Card, the amount of the expense is automatically deducted from your available ERA balance.
 - Card purchases are limited to merchants with an Inventory Information Approval System (IIAS) in place to identify ERA-eligible expenses.
 - **Note:** The TASC Card is a debit card, but it may **not** be used at an ATM.
- **Online Reimbursement Request**
 - Submitting a reimbursement request using your TASC Online account or the TASC Mobile App is quick and easy.
 - To receive reimbursements via direct deposit, be sure to enter your current bank information as part of your TASC Online account Profile.
 - You may only request a reimbursement up to the current balance of your TASC ERA account. If the funds are insufficient, only the available balance in the account will be issued.
 - An additional reimbursement request must be submitted once additional funds are available in the account to pay for them.

See the ERA Participant Guide for more information about using your TASC Card and requesting reimbursements.

Using Your ERA for Eligible Dependents

- You can use your ERA to pay for eligible expenses incurred by your spouse, children, or other qualified tax dependents.
- If your domestic partner meets the IRS qualifications for a tax dependent, you can use your ERA funds for their eligible expenses.

Keeping Your Receipts

- Always hold on to your receipts in case further documentation is requested.
- The IRS requires TASC as the plan administrator to request proof of payment on some claims to ensure they are part of the list of IRS approved expenses.
- Receipts must contain the date of service, name and address of service provider/merchant, description of the service or expense requested, amount charged, and name of person receiving care or service.

What If...

What if I use ERA funds to pay for ineligible expenses?

- If you pay for anything other than eligible expenses with your ERA, the amount will be taxable and you will pay an additional 20 percent tax penalty.
- If you are age 65 or older, the tax penalty does not apply, but the amount must be reported as taxable income.
- You may also use funds for medical expenses incurred by your child who is claimed as a tax dependent by his/her other parent.

What if I forget my TASC Card and I need to pay for an eligible expense?

- You can pay for the expense out of pocket and submit a claim for reimbursement using your TASC Online account, the TASC Mobile App, or by submitting a completed ERA Reimbursement Claim Form via fax (1-877-231-1287) or mail (TASC, PO Box 7511, Madison, WI 53707).

HEALTH CARE FSA



A Health Care Flexible Spending Account (FSA) allows you to set aside tax-free dollars each year for health care expenses not covered by insurance. You may use these funds to pay for eligible health care expenses incurred by you, your spouse, and your qualified dependents.

What are the benefits?

- Pre-tax contributions reduce your taxable income.
- Easiest way to pay for everyday out-of-pocket eligible health care expenses with tax-free money.
- Your total annual Health Care FSA contribution amount is available immediately at the start of the plan year.
- You can carry over up to \$500 remaining in your account from one plan year to the next, so there is minimal “use-it or lose-it” risk.
- Multiple self-service tools available to easily manage your TASC Account and TASC Card transactions.

How does it work?

- Use the tax-savings calculator or annual expense estimate worksheet to help determine how much you should contribute per year.
- Your annual contribution is deducted pre-tax from your paycheck in equal amounts throughout the plan year and deposited into your TASC Account.
- As eligible health care expenses are incurred, you can either use your TASC Card to pay at the point of purchase or submit a request for reimbursement.
- Manage your account 24/7 via the TASC Benefits mobile app or TASC Online account at <https://partners.tasconline.com/ETFEmployee>.

Important Considerations

- The It’s Your Choice Health Plan imposes an annual deductible of \$250 individual/ \$500 family, office visit copays and an annual out-of-pocket limit of \$1,250 individual/ \$2,500 family on most illness or injury related services. These expenses can be reimbursed through this account.
- Remaining Health Care FSA funds **over** \$500 do **not** carry over. It is important to be conservative in making elections because any unused funds over \$500 left in your Health Care FSA at the close of the plan year are not refundable to you.
- It is a participant’s responsibility to read and adhere to the TASC Card terms and conditions. By accepting and using your TASC Card, you agree to the Cardholder Agreement. You are obligated to satisfy any documentation requirements and to retain those documents and records for tax purposes or in the event of an IRS audit. Refer to the TASC Card Section of the Employee Reimbursement Account (ERA) Participant Guide for more information.
- You may change your Health Care FSA elections during the plan year only if you experience a qualified life change event, such as, a marriage or divorce, birth or adoption of a child, or a change in employment status. Refer to the Change in Status During the Year Section in the ERA Participant Guide for more information.

Annual Health Care FSA Limits	2019	2018
Individual Health Care FSA Limit	\$2,650	\$2,650
Annual Health Care FSA Carryover Max	\$500	\$500

This is the amount the Internal Revenue Service (IRS) allows to be contributed to a Health Care FSA.



Annual Health Care FSA Contribution Limits

Note: The \$2,650 contribution limit applies on an employee-by-employee basis. Thus, \$2,650 is the limit each employee may make per plan year, regardless of the number of other individuals (spouse, dependent, etc.) whose medical expenses are reimbursable under the employee’s Health Care FSA. If two spouses are eligible for a Health Care FSA, each spouse may elect to make contributions of up to \$2,650 to his or her Health Care FSA, even if both participate in the same Health Care FSA sponsored by the same employer.

FAQ

Can I use my Health Care FSA to pay for medical expenses that I incurred prior to opening my account?

- No. Only eligible expenses incurred between January 1 and December 31 of the current plan year are eligible for reimbursement.



HEALTH CARE FSA ELIGIBLE EXPENSES

Once you have contributed money into your Health Care Flexible Spending Account (FSA), you can use it to pay for eligible medical expenses tax free.

Below is a partial list of eligible expenses that are reimbursable through a Health Care FSA. Eligible expenses can be incurred by you, your spouse, or qualified dependents. For more information, see your Employee Reimbursement Account (ERA) Participant Guide. For the complete list of eligible and ineligible expenses, visit www.irs.gov and see IRS Publications 502 and 969.

Medical Expenses

- Acupuncture
- Ambulance services
- Annual physical examination
- Artificial limbs or prosthesis
- Artificial teeth
- Birth control/contraceptive devices
- Birth classes/Lamaze¹
- Blood pressure monitor
- Blood sugar test kits/test strips
- Breast reconstruction surgery¹
- Childbirth/delivery
- Chiropractic therapy/exams/adjustments
- Co-payments
- Cosmetic surgery¹
- Crutches¹
- Dermatology services
- Diagnostic services
- Flu shots
- Gynecological care
- Hearing aids and batteries¹
- Incontinence supplies
- Infertility treatments and in vitro fertilization
- Insulin and diabetic supplies
- Laboratory fees
- Lactation expenses
- Legal sterilization
- Medical supplies to treat an illness or injury
- Nasal strips
- Obstetric care
- Operations/surgery¹
- Oxygen and oxygen equipment
- Physical exams
- Physical therapy¹
- Pregnancy test kits
- Podiatry services
- Prenatal/postnatal treatment
- Prescription medications
- Sleep apnea services/products¹
- Smoking cessation programs
- Speech therapy
- Surgery
- Therapy or counseling
- Treatment for alcohol or drug dependency
- Vaccinations
- Vasectomies
- Weight loss programs¹
- Wrist supports/elastic straps
- X-ray fees

¹: Restrictions may apply. See IRS Publication 502 for more details.

Vision Expenses

- Contact lenses and lens solution
- Diagnostic services
- Eye related equipment/materials
- Eye exams
- Eyeglass repair kits
- Eye surgery
- Laser eye surgery/LASIK
- Optometrist/ophthalmologist fees
- Orthokeratology
- Prescription eyeglasses and safety glasses
- Prescription sunglasses
- Seeing eye dog (*buying, training, and maintaining*)
- Vision plan co-insurance
- Vision plan deductible

Dental Expenses

- Cleanings and exams
- Crowns and bridges
- Dental plan co-pays
- Dental surgery
- Dental x-rays
- Dentures
- Dentures
- Diagnostic services
- Fillings
- Occlusal guards
- Orthodontia
- Root canals

What is an eligible expense?

An eligible expense is a health care service, treatment, or item that the IRS states can be paid for without taxes.

How should I keep track of my eligible expenses?

You should keep all of your receipts and pertinent documentation in order to prove your Health Care FSA was used for eligible medical expenses.

OTC Medicines and Drugs

Over-the-counter (OTC) medicines and drugs, except for insulin, require a prescription from your physician to be reimbursable with your TASC Health Care FSA. The prescription must be included with each request for reimbursement.

- Calamine lotion
- Canker/cold sore relievers
- Diaper rash ointments
- First Aid supplies
- Hemorrhoid creams and treatments
- Hydrogen Peroxide or rubbing alcohol
- Indigestion and anti-acid relievers
- Laxatives
- Nicotine gum or patches
- Pain relievers (*Tylenol, Advil, etc.*)
- Pain relieving creams or gels (*Bengay, etc.*)
- Sinus medications
- Suppositories
- Teething gels
- Wart removal medications

Disability Expenses

- Automobile equipment and installation costs for a disabled person in excess of the cost of an ordinary automobile; device for lifting a mobility impaired person into an automobile
- Braille books/magazines in excess of cost of regular editions
- Note-taker for a hearing impaired child in school
- Seeing eye dog (*buying, training, and maintaining*)
- Special devices, such as a tape recorder or typewriter, for a visually impaired person
- Visual alert system in home or other items such as a special phone required for a hearing impaired person
- Wheelchair (*cost of operating/maintaining*)

Additional Documentation Required

The following expenses are eligible only when incurred to treat a diagnosed medical condition. Such expenses require a Letter of Medical Necessity from your physician, including the diagnosed condition, onset of the condition, explanation for the medical necessity of the expense, and physician's signature.

- Ear plugs
- Massage treatments
- Nursing services for care of a special medical ailment
- Orthopedic shoes
- Support hose
- Varicose vein treatments
- Veneers
- Vitamins and supplements
- Wigs (*for mental health condition of an individual who loses hair because of disease*)

Ineligible Health Care FSA Expenses

Note: Health Care FSA funds may be used only for expenses deemed eligible per IRS regulations. It is your responsibility to comply with all plan guidelines and to avoid submitting ineligible requests. If you pay for anything other than eligible expenses with your Health Care FSA, you must repay your plan sponsor (employer) for the ineligible transaction. Failure to repay will authorize your plan sponsor to collect or withhold such funds from your pay (to the extent permitted by law). Below is a partial list of ineligible expenses. For more information, see your ERA Participant Guide. For the complete list, visit www.IRS.gov and see IRS Publications 502 and 969.

- Athletic mouth guards
- Contributions to state disability funds
- Cosmetic surgery (*unless due to trauma or disease*)
- Diaper services
- Electrolysis or hair removal
- Expenses for services provided outside of the current plan year or your coverage period
- Funeral, cremation & burial expenses
- Health club or athletic club membership dues
- Hygiene products
- Insurance premiums (*all types*)
- Marriage counseling
- Maternity clothes
- Medicare premiums
- Nutritional supplements and vitamins
- Sunglasses and sun clips (*non-prescription*)
- Safety classes (*non-prescription*)
- Teeth whitening
- Weight-loss programs (*unless prescribed to treat a specific disease*)

LIMITED PURPOSE FSA



A Limited Purpose Flexible Spending Account (LPFSA) is a pre-tax benefit used to pay for eligible dental, vision care, and post-deductible medical expenses for participants enrolled in a High-Deductible Health Plan (HDHP). You may use these funds to pay for eligible expenses incurred by you, your spouse, and your qualified dependents.

What are the benefits?

- The LPFSA is used to pay for eligible vision and dental expenses that are not covered by your insurance.
- It can also be used to pay for eligible post-deductible medical expenses.
- Pre-tax contributions reduce your taxable income.
- Easiest way to pay for everyday out-of-pocket eligible dental, vision, and post-deductible medical expenses, with tax-free money.
- Your total annual LPFSA contribution amount is available immediately at the start of the plan year.
- You can carry over up to \$500 remaining in your account from one plan year to the next, so there is minimal “use-it or lose-it” risk.
- Multiple self-service tools available to easily manage your TASC Account and TASC Card transactions.

How does it work?

- The LPFSA is similar to the regular Health Care FSA but is designed to work in conjunction with your HDHP and Health Savings Account (HSA).
- Use our tax-savings calculator or annual expense estimate worksheet to help determine how much you should contribute per year.
- Your annual contribution is deducted pre-tax from your paycheck in equal amounts throughout the plan year and deposited into your TASC Account.
- As eligible expenses are incurred, you can either use your TASC Card to pay at the point of purchase or submit a request for reimbursement.
- Manage your account 24/7 via the TASC Benefits mobile app or TASC Online account at <https://partners.tasconline.com/ETFEmployee>.

Important Considerations

- Keep in mind that the LPFSA can only be used to pay for eligible dental, vision, and post-deductible medical expenses.
- Remaining LPFSA funds **over** \$500 do **not** carry over. It is important to be conservative in making elections because any unused funds over \$500 left in your LPFSA at the close of the plan year are not refundable to you.
- It is a participant’s responsibility to read and adhere to the TASC Card terms and conditions. By accepting and using your TASC Card, you agree to the Cardholder Agreement. You are obligated to satisfy any documentation requirements and to retain those documents and records for tax purposes or in the event of an IRS audit. Refer to the TASC Card Section in the ERA Participant Guide for more information.
- You may change your LPFSA elections during the plan year only if you experience a qualified life change event, such as, a marriage or divorce, birth or adoption of a child, or a change in employment status. Refer to the Change in Status During the Year Section in the ERA Participant Guide for more information.

Annual LPFSA Limits	2019	2018
Individual LPFSA Limit	\$2,650	\$2,650
Annual Carryover Amount Limit	\$500	\$500

This is the amount the Internal Revenue Service (IRS) allows to be contributed to a LPFSA.



Annual LPFSA Contribution Limits

Note: The \$2,650 contribution limit applies on an employee-by-employee basis. Thus, \$2,650 is the limit each employee may make per plan year, regardless of the number of other individuals (spouse, dependent, etc.) whose medical expenses are reimbursable under the employee’s LPFSA. If two spouses are eligible for a LPFSA, each spouse may elect to make contributions of up to \$2,650.



LIMITED PURPOSE FSA ELIGIBLE EXPENSES

Once you have contributed money into your Limited Purpose Flexible Spending Account (LPFSA), you can use it to pay for eligible dental, vision, and post-deductible medical expenses tax free.

Below is a partial list of eligible expenses that are reimbursable through an LPFSA. Eligible expenses can be incurred by you, your spouse, or qualified dependents. For more information, see your Employee Reimbursement Accounts (ERA) Participant Guide. For the complete list of eligible and ineligible expenses, visit www.irs.gov and see IRS Publications 502.

Dental Expenses

- Cleanings and exams
- Crowns and bridges
- Dental plan co-pays
- Dental plan co-insurance
- Dental plan deductibles
- Dental reconstruction and implants
- Dental surgery
- Dental x-rays
- Dentures
- Diagnostic services
- Fillings
- Occlusal guards
- Orthodontia
- Over-the-counter dental products that contain a drug or medication¹
- Root canals

Vision Expenses

- Contact lenses and lens solution
- Diagnostic services
- Eye exams
- Eye related equipment/materials
- Eyeglasses (*over-the-counter and prescription*)
- Eyeglass repair kits
- Eye surgery
- Laser eye surgery/LASIK
- Optometrist/ophthalmologist fees
- Orthokeratology
- Over-the-counter vision products that contain a drug or medication¹
- Seeing eye dog (*buying, training, and maintaining*)
- Sunglasses (*prescription only*)
- Vision plan co-insurance
- Vision plan deductibles

¹: Over-the-counter dental and vision medications and drugs require a prescription to be LPFSA eligible. Restrictions may apply. See IRS Publication 502 for more details.

Note: After you meet your health plan's deductible, you may be reimbursed for all eligible medical expenses incurred by you, your spouse, or qualified dependents. All post-deductible medical claims must be submitted manually and you must provide a copy of your Explanation of Benefits (EOB) showing your deductible has been met.

Ineligible Limited Purpose FSA Expenses

Note: LPFSA funds may be used only for expenses deemed eligible per IRS regulations. It is your responsibility to comply with all plan guidelines and to avoid submitting ineligible requests. If you pay for anything other than eligible expenses with your LPFSA, you must repay your plan sponsor for the ineligible transaction. Failure to repay will authorize your plan sponsor to collect or withhold such funds from your pay (to the extent permitted by law). Below is a partial list of ineligible expenses. For more information, see your ERA Participant Guide. For the complete list, visit www.irs.gov and see IRS Publications 502 and 969.

- Elective cosmetic surgery
- Eye serums or wrinkle creams
- Insurance premiums
- Mouthwash
- Teeth bleaching/whitening
- Toothpaste
- Toothbrushes

What is an eligible expense?

An eligible expense is a dental or vision service, treatment, or item that the IRS states can be paid for without taxes.

How should I keep track of my eligible expenses?

You should keep all of your receipts and pertinent documentation in order to prove your Limited Purpose FSA was used for eligible dental, vision, or post-deductible medical expenses.

DEPENDENT DAY CARE FSA



A Dependent Day Care Flexible Spending Account (FSA) is a pre-tax benefit used to pay for eligible day care expenses for qualified dependents in order for you (or your spouse) to work, look for work, or attend school full-time.

What are the benefits?

- Pre-tax contributions reduce your taxable income.
- Your Dependent Day Care FSA Funds become available to you as payroll deductions are taken.
- Easiest way to pay for everyday out-of-pocket eligible dependent day care and/or elder care expenses, with tax-free money.
- Multiple self-service tools available to easily manage your TASC Account and TASC Card transactions.
- Use your TASC Card to pay for eligible dependent day care expenses, or easily submit requests for reimbursement online.

How does it work?

- Use our tax-savings calculator or annual expense estimate worksheet to help determine how much you should contribute per year.
- Your annual contribution is deducted pre-tax from your paycheck in equal amounts throughout the plan year and deposited into your TASC Account.
- The Dependent Day Care FSA is a money-in money-out benefit. Each pay period a contribution posts to your account, after which you may submit reimbursement requests for eligible expenses.
- Manage your account 24/7 via the TASC Benefits mobile app or TASC Online account at <https://partners.tasconline.com/ETFEmployee>

Important Considerations

- Dependent Day Care FSA is not eligible for annual carryover. Any unused funds in your Dependent Day Care FSA at the close of the plan year are **not** refundable to you.
- It is a participant's responsibility to read and adhere to the TASC Card terms and conditions. By accepting and using your TASC Card, you agree to the Cardholder Agreement. You are obligated to satisfy any documentation requirements and to retain those documents and records for tax purposes or in the event of an IRS audit. Refer to the TASC Card Section in the ERA Participant Guide for more information.
- You may change your Dependent Day Care FSA elections during the plan year only if you experience a qualified life change event, such as, a marriage or divorce, birth or adoption of a child, or a change in employment status. Refer to the Change in Status During the Year Section in the Employee Reimbursement Account (ERA) Participant Guide for more information.

Annual Contribution Limits	2019	2018
Dependent Day Care FSA Annual Contribution Limit	\$5,000 ¹	\$5,000 ¹
Dependent Day Care FSA Carryover Limit	\$0	\$0



Annual Dependent Day Care Contribution Limits

1: Restrictions may apply.

This is the amount the Internal Revenue Service (IRS) allows to be contributed to a Dependent Day Care FSA.

Additional Dependent Day Care FSA Criteria

- Dependent Day Care FSA expenses must be work related. The care must be necessary for you (and your spouse) to work, look for work, or attend school full-time, or if you are physically unable to care for your tax dependent.
- Dependent Day Care FSA expenses submitted for reimbursement during a calendar year may **not** exceed \$5,000.
- In the case of separate returns by married individuals, the limit is \$2,500 each. The amount may be less if your earned income or your spouse's earned income is less than \$5,000.
- All claims must be incurred by December 31 and submitted by March 31.
- **Note:** Dependent Day Care FSA can only be used for care of eligible dependents, not for health care expenses.



DEPENDENT DAY CARE FSA ADDITIONAL INFORMATION

Qualified Dependents

Eligibility for the Dependent Day Care Flexible Spending Account (FSA) requires that certain criteria be met. Dependent Day Care FSA expenses **must** be for the care of one or more qualifying individuals, defined as the following:

- A dependent under the age of 13 and for whom a tax exemption can be claimed. Within 30 days of dependent reaching age 13 (but no later) you may reduce the Dependent Day Care FSA annual election, to reflect the total reimbursement or total contribution amount (whichever is greater).
- A spouse who is physically or mentally incapable of self-care and lives with you for more than half the year.
- A dependent who is physically or mentally incapable of self-care, for whom a tax exemption can be claimed, and who lives with you for more than half the year.
- An elderly parent who lives with you at least half of the year. The care must be incurred while you (or your spouse) are at work, looking for work, or attending school full-time. Care outside the home is eligible if the dependent spends at least eight hours a day in your home.
- **Note:** Special rules apply to children of divorced or separated parents. See Additional Criteria for Children of Divorced or Separated Parents.

Additional Criteria for Children of Divorced or Separated Parents

Even if you cannot claim your child as a tax exemption or tax dependent, he or she is treated as your qualifying dependent if all of the following are true:

- The child is under age 13 and is not physically or mentally capable of self-care.
- One or both parents provide more than half of the child's support for the year.
- Parents are divorced, legally separated, or lived apart at all times during the last six (6) months of the calendar year.
- One or both parents has custody of the child for more than half the year.
- You are the child's custodial parent, defined as the parent with custody for the greater portion of the calendar year; OR if parents have equal custody (same number of nights), then the parent with the higher adjusted gross income is the custodial parent.

Note: For a noncustodial parent, the child's expenses are **not** eligible for the Dependent Day Care FSA, even if said parent is financially responsible for providing the care and is entitled to claim the child as a dependent.

- **Only** the custodial parent qualifies for the Dependent Day Care FSA for a taxable year.
- A noncustodial parent may **not** submit expenses for the portion of the year in which they have custody of the child.

Important Care Provider Information

- All persons and organizations providing dependent care must be identified on IRS Form 2441.
- The provider name, address, and taxpayer identification number (or Social Security number) must be included.
- If a center provides care for more than six (6) individuals, the center must comply with all state and local regulations.
- Payments made to relatives who are not dependents can be included, but not to a dependent for whom you can claim an exemption or for your child who is under age 19 at the end of the year (regardless of whether he or she is your dependent).
- You may use IRS Form W-10 to request the required information from the care provider.



DEPENDENT DAY CARE FSA ELIGIBLE EXPENSES

Once you have contributed money into your Dependent Day Care Flexible Spending Account (FSA), you can use it to pay for eligible expenses tax free.

Below is a partial list of eligible expenses that are reimbursable through a Dependent Day Care FSA. For more information, see your Employee Reimbursement Account (ERA) Participant Guide. For the complete list of eligible and ineligible expenses, visit www.IRS.gov and see IRS Publications 503.

Eligible Expenses

- Adult daycare
- After-school care/program²
- Au pair/nanny salary and fees
- Babysitting in your home/someone else's home¹
- Babysitting by your relative who is not a tax dependent¹
- Before-school care/program²
- Care when one parent works days and other parent works nights¹
- Care while living in a foreign county¹
- Care while looking for work
- Care while on family, personal or medical leave
- Care while you/spouse is working at self-employment¹
- Child daycare or day camp²
- Custodial elder care¹
- Day nursing care¹
- Employer-provided on-site daycare²
- Federal employment taxes (FICA, FUTA) of Dependent Day Care provider
- Household services related to dependent care
- In-home care¹
- Nighttime care¹
- Nursery school fees or tuition
- Payroll taxes related to eligible dependent care
- Preschool fees or tuition
- Room and board for caregiver (*au pair, nanny, etc.*)
- Senior daycare¹
- Sick child care¹
- Specialized daycare
- Transportation to and from eligible dependent care (*provided by the care provider*)

¹: Care must be work-related. Restrictions may apply. See IRS Publication 503 for more details.

²: Primary purpose must be custodial care, and not educational in nature. See IRS Publication 503 for more details.

Ineligible Dependent Day Care FSA Expenses

Note: Dependent Day Care FSA funds may be used only for expenses deemed eligible per IRS regulations. If you pay for anything other than eligible expenses with your Dependent Day Care FSA, you must repay your plan sponsor (employer) for the ineligible transaction. Failure to repay will authorize your plan sponsor to collect or withhold such funds from your pay (to the extent permitted by law). Below is a partial list of ineligible expenses; for the complete list of eligible and ineligible expenses, visit www.IRS.gov and see IRS Publication 503.

- Educational, learning, or study skills services
- Field trips or sleep-away camp
- Kindergarten/school tuition
- Meals, food or snacks
- Medical care or expenses
- Nursing home care for dependent adult(s)
- Summer school

What is an eligible expense?

An eligible expense is a dependent care expense that the IRS states can be paid for without taxes.

How should I keep track of my eligible expenses?

You should keep all of your receipts and pertinent documentation in order to prove your Dependent Day Care FSA was used for eligible dependent care expenses.

HEALTH CARE FSA EXPENSE REIMBURSEMENT & SUBSTANTIATION



Health Care Flexible Spending Account (FSA) benefits administered by TASC require participants to substantiate all transactions and/or eligible medical expenses, according to Internal Revenue Service (IRS) regulations.

Reimbursement Options

As you incur eligible expenses, you have two options to access your TASC FSA funds:

- **TASC Card**
 - Swipe your TASC Card at the point-of-purchase.
 - Eligible expenses will automatically substantiate, eliminating the need to submit reimbursement requests.
- **Reimbursement Request**

If you paid for an expense out of pocket, submit a request for reimbursement to TASC using one of the following methods:

 - Submit using the TASC Mobile App
 - Submit via your TASC Online Account
 - Download and submit a completed Request for Reimbursement Form

Substantiation Notification Process

Substantiating means validating a transaction to ensure the debit card was used for IRS-approved items/services within the allowed time frame.

- If expenses require additional documentation, TASC will provide Substantiation Notifications. You may also view transactions and receipt status online or via the TASC Mobile App. TASC will send up to three Substantiations Notifications via mail or email:
 - One day after the TASC Card transaction, notifying you that substantiation is required,
 - 15 days after the initial TASC Card transaction, reminding you that substantiation is required, and
 - 30 days after the initial TASC Card transaction, a final reminder that documentation is lacking.
- If substantiation does not occur within 45 days, your unsubstantiated Flexible Spending Account (FSA) claim will be denied, repayment will be requested, and your TASC Card will be suspended until TASC received payment or the required substantiation.
 - Any transaction attempted with an inactive TASC Card will be declined.
 - Your TASC Card will be reactivated within 48 hours of receipt of proper substantiation documentation or repayment.
- If you fail to repay the claim or provide necessary documentation, your employer will withhold the claim amount from your paycheck.

Important Deadlines

- **End of Plan Year**
 - Submit any required substantiation documentation, repay denied claims, or offset unsubstantiated claims by December 31 of the plan year in order to prevent repayment through payroll deduction.
- **Run-Out Period**
 - Expenses incurred during the plan year, January 1 through December 31, must be substantiated no later than 90 days after the end of the plan year.
 - This additional 90 day allotment to resolve unsubstantiated claims is called the run-out period.
 - Substantiations that occur during the run-out period are considered plan corrections.
 - Submit any required substantiation documentation, repay denied claims, or offset unsubstantiated claims as a plan correction no later than 90 days after the end of the plan year in order to prevent further recovery efforts as a business debt
- **Example –** For plan year 2019 (January 1 through December 31, 2019):
 - All eligible expenses must be incurred by December 31, 2019, and;
 - The run-out period ends on March 31, 2020.

What is a Plan Correction?

- A plan correction is a payment or claim substitution applied to an unsubstantiated claim during the run-out period of the current plan year.
- Plan corrections prevent unsubstantiated claims from negatively impacting the participant. As plan corrections are made, additional funds may become available for the participant's use.
- These additional funds may be used to reimburse the participant for additional eligible expenses during the current plan year and may also be applied to the annual carryover limit of up to \$500.

What is a Business Debt Correction?

- A business debt is incurred when a participant fails to resolve an unsubstantiated claim via plan correction during the run-out period.
- Business debts will negatively impact a participant, as the amount owed will no longer be applied to their FSA upon repayment.
- The amount owed will be converted into a business debt owed to ETF. ETF will seek repayment of business debts via standard collection procedures.

Substantiation Documentation



Don't Forget to Keep Your Receipts!

In order to substantiate a transaction, participants must provide adequate documentation. The following information is required for a document to be deemed sufficient:

- Date of service/purchase
- Transaction date
- Provider name and contact information
- Description of the service/purchase
- Total amount of the service/purchase

Documentation such as an itemized statement, detailed receipt, or Explanation of Benefits (EOB) will provide the necessary information. For a credit card receipt to be sufficient, it must include all necessary information. A generic credit card receipt is not usually acceptable on its own and may require additional documentation to meet the substantiation requirements. Canceled checks are not acceptable.

When Documentation Is Not Needed

- Copayments tied to your health plan.
- Purchases made at an IAS-approved merchant. These merchants will approve eligible expenses at the point-of-sale.
 - When using your TASC Card at an IAS-approved merchant, swipe your TASC Card for the entire purchase.
 - The items that are eligible expenses will be approved, and the merchant will ask for a secondary form of payment for ineligible items.
- Recurring expenses that match the same provider and same dollar amount for previously substantiated transactions.

When Documentation Is Needed

Debit card transactions that do not meet the criteria for auto-substantiation require additional documentation due to IRS regulations.

- Documentation for **medical expenses** includes a receipt/statement containing: name of the provider, date(s) of service, type(s) of service and amount (after insurance, if applicable).
 - **Note:** An Explanation of Benefits (EOB) is ideal for substantiating claims.
- Documentation for **dependent date** care expenses includes a receipt containing: name of provider, date(s) of service, type(s) of service and dollar amount.

Unacceptable Forms of Documentation

Unacceptable forms of documentation include the following:

- Provider statement that only indicates the amount paid, balance forward, or previous balance
- Credit card receipt
- Missing or vague medical practitioner's note
- Bills for prepaid dependent care/medical expenses where services have not yet occurred

Substantiation Alternatives

If you are unable to substantiate a claim with adequate documentation, you can also:

- Substitute an unsubstantiated transaction with another eligible expense.
 - To substitute a claim, you should complete the ERA Claim Repayment Form and select "Replacement Receipts."
 - Send the completed form and replacement receipts to TASC.
 - **Note:** The replacement receipts cannot include any previously reimbursed expenses.
- Repay the amount of the unsubstantiated transaction to the TPA.
 - To repay a claim, you should complete the ERA Claim Repayment Form and select either "Electronic Funds Transfer" or "Check/Money Order."
 - Send the completed form (with check/money order, if applicable) to TASC.

Inventory Information Approval System (IIAS)

Your TASC Card can only be used at IIAS-approved merchants. An IIAS is a retailer's point-of-sale system that automatically identifies eligible healthcare expenses. To verify if a merchant is IIAS-approved, or to view IIAS merchants near you, use the IIAS Merchant Locator on the TASC Landing Page. You can also ask a retailer if they are IIAS-approved.

- The IIAS compares product UPC or SKU numbers against a list of eligible health care expenses. As defined by the IRS, the list includes eligible nonprescription products. At the point-of-sale, eligible expenses are totaled and sent electronically to the card system, which immediately approves or denies the payment. IIAS transactions fully substantiate.

TASC CARD



The TASC Card is an additional convenience offered by your employer for use with your Employee Reimbursement Account. Your TASC Card is a debit card that allows you to quickly and conveniently pay for IRS approved products and services at the time of service. Funds will automatically be deducted from your account when you use your TASC Card.

Getting Started

Once you have completed enrollment, a TASC Card will be issued for your use.

- **Check Your Mail**
 - You will receive your TASC Card within 7 – 10 days of enrollment.
 - Your TASC Card will arrive in a plain, unmarked envelope.
 - Sign the back of your TASC Card upon receipt. Your TASC Card is not valid until you sign it.
- **Cardholder Agreement**
 - Your TASC Card will be delivered affixed to the TASC Cardholder Agreement.
 - Be sure to review the Cardholder Agreement carefully.
 - Record your TASC Card number and retain it for your records.
- **Activation**
 - Your TASC Card will activate automatically the first time you swipe your card at the point of purchase.
 - You do not need to call to activate your TASC Card.

Don't forget to sign the back of your TASC Card!

Using Your TASC Card

When using your TASC Card to purchase IRS approved eligible products or services:

- Swipe your card, or hand it to the cashier or health care provider.
 - The TASC Card is accepted at Inventory IIAS approved health care providers and retail vendors. See the IIAS Merchant Locator on the TASC Landing Page for a complete list of IIAS-approved vendors.
- Select CREDIT to complete your transaction.
- If you are prompted to enter a PIN or your purchase is declined, ask the merchant to process the purchase as a signature debit transaction, and then sign for your purchase.
 - Most TASC Card purchases will be approved without using a PIN and requesting a PIN is optional.
 - To request a PIN for your TASC Card, call Customer Care at 1-844-786-3947 or 1-608-316-2408.
- If your TASC Card is declined, you can pay for the expense out of pocket and submit a claim for reimbursement.
- Save your receipts. It may be necessary for you to submit a receipt to prove the eligibility of a purchase you have already made. TASC will notify you if a receipt is needed for a particular purchase.

Declined Purchases

There are several reasons why a TASC Card might be declined.

- The merchant may not have IIAS certification and is therefore not authorized to accept TASC Card transactions.
- The item(s) or service(s) you're attempting to pay may be ineligible expenses.
- You may have insufficient funds in your TASC Account to pay for the expense.
- Your TASC Eligibility may have expired, in the case of leaving state service or closing your TASC Account, and the TASC Card is no longer active.

If you have questions about why your TASC Card was declined, please contact Customer Care at 1-844-786-3947 or 1-608-316-2408.

Note: TASC Cards cannot be used at an ATM.

Lost or Stolen TASC Card

If your TASC Card is lost or stolen, report the lost/stolen card to TASC immediately. You may request a replacement card online at no cost to you by following these steps:

- Under the Debit Cards section, click Report Lost/Stolen and complete the requested information.
- Return to the Banking/Cards section and select Order Replacement and complete the requested information.

TASC TOOLS



TASC CARD

TASC Online Account

TASC Benefits Mobile App

- Access your ERA funds wherever you are – just swipe to pay for eligible ERA expenses.
- Eliminates the need to complete paper requests for reimbursement.
- Automatic verification of most eligible expenses.
- Instant access to your account information and account balance 24/7.
- Easy access to your contribution and reimbursement histories.
- Access helpful online tools, like tax savings calculators, health care expense tables, and more.
- Self-service feature available, such as signing up for direct deposit, ordering additional TASC cards, and managing your notifications.
- Access your account information and account balance – no matter where you are!
- Submit reimbursement requests by taking pictures of your receipts with your mobile device camera.
- Download the TASC Mobile App for iOS and Android devices – search for **eflex Benefits** in the Apple App Store or Google Play.

Discrimination is Against the Law 45 C.F.R. § 92.8(b)(1) & (d)(1)
Total Administrative Services Corporation complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. TASC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

TASC provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats.

TASC provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact TASC's Civil Rights Coordinator.

If you believe that TASC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, 2302 International Way, Madison, WI 53704; Phone: 1-608-316-2408; Fax: 1-877-231-1287; Email: CivilRightsCoordinator@tasconline.com.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, TASC's Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-608-316-2408.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-533-5020 (TTY: 1-800-947-3529).

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-877-533-5020 (TTY: 1-800-833-7813)。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-533-5020 (TTY: 1-800-947-3529).

رقف ملحوظة: إذا كنت تتحدث لغة، فإن خدمات المساعدة اللغوية) 1-3529-947-800 (تتوفر لك بالجمان. اتصل برقم

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-533-5020 (телетайп: 1-800-947-3529).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-533-5020 (TTY: 1-800-947-3529). 번으로 전화해 주십시오.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-533-5020 (TTY: 1-800-947-3529).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kansch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-877-533-5020 (TTY: 1-800-947-3529).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໄດ້ອະນຸຍາດໃຫ້ທ່ານ. ໂທ 1-877-533-5020 (TTY: 1-800-947-3529).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-533-5020 (ATS : 1-800-947-3529).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-533-5020 (TTY: 1-800-947-3529).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-533-5020 (TTY: 1-800-947-3529) पर कॉल करें।
KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, papagesë. Telefononi në 1-877-533-5020 (TTY: 1-800-947-3529).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-533-5020 (TTY: 1-800-947-3529).

After enrollment, don't forget to:

- Set-up your TASC Online Account.
- Check your email for a link to the ERA Participant Guide and other materials.
- Check your mail for your TASC Card and Cardholder Agreement.



TASC Customer Care | Phone 844-786-3947 or 608-316-2408 | Email 1customer@tasconline.com